

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010**. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name			Office:
Stephen Beaudette			☑ House ☐ Senate
Mailing address			District
Stephen Beaudette Mailing address 11 West Field St			136
City, zip code			Phone
Biddeford 04005		207-283-4096	
			· · · · · · · · · · · · · · · · · · ·
PART 1. INCOME	DERIVE	ED FROM EMPLOYMENT BY ANOT	THER
List the name and address of each employer from economic activity of each employer.	whom yo	ou received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	en y jamen vari (v j' en de projekt de dande	Address	Principal Type of Economic Activity of Employer
v j		Various Marie Va	
none		. International Control of the Contr	
10. das (14. mar), 4 may 4 mar), 4 mar			CONSTRUCTION OF THE PROPERTY O
	-	POPERATE AND A STATE OF THE STA	•
* American		e e e e e e e e e e e e e e e e e e e	
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	OF DOGESTION ACCORDANGES	RIVED FROM SELF-EMPLOYMENT rs who are self-employed.)	
A. List the name and address of your business, if a associated with a partnership, firm, professional as entity.	anv. and I	ist the major areas of economic activity	from which you derived income. If r areas of economic activity of that
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: A&S Limousine	37,000	limousine transportation	the second contract of the con
Address: 11 West Field St. Bidde	ford	service	
Name:			**************************************
Address:			
	**	*	

PART 2 (continued). INCOME DERIVED FF (For Legislators who are self-en		MENT
B. List each source of income derived from self-employment that represents me greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	rson from whom you o	derived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		realization of the second of t
Address:	eksi esikali kisi esika kali kali kali kali kali kali kali k	
Name:		
Address:	e de la companya del la companya de la companya del la companya de	
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-		one (Spaint Call Indiana) (1965) (Indiana) (1965) Indiana (Spaint Call Indiana) (1965)
List your major areas of practice. If associated with a law firm, list the major area	الأمري أوتا والمريز ويتراز ويتمار المنافر أو ترافع المرابع أمار المرابع والمرابع وال	ind long the product of the production of the
Name and Address of Firm	Major Areas of Pra (self)	actice Major Areas of Practice (firm)
Name:		kan saka saka saka saka saka saka saka s
Address:		
Name:		
Address:		dis program consideration
PART 4. OTHER SOURCES O		Apertos in Alberta de Como en la como de la c Al surgio se
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	form. Do not include g	iffts. If none, check the box.
□ None	ggivanise si sangangan kangangan kangangan kangangan kangangan kangangan kangangan kangan kangan kangan kangan	
Name and Address of Source	SPENDING FOR THE STATE OF THE SPENDING AT PROCESSING AND SPENDING TO THE SPENDING TO SPEND	Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name;	## 1484644644644644644644644644646464646464	Y, ALBERT COLOR COLOR DE LOS DEL LOS DELLOS DEL LOS DELLOS
Address:		
		y-
PART 5. REPORTABLE LIA	BILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loan		
☑ None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		, _{per} ce mengengang ang mengengangkan anakan mengengan kebangan pengengan
Address:		
»»» «оны на они помента помен	en er sammen sen versten men versten med kolmenten halmman halmman helm stade for er er er er er er er er er e	зыкактонком-информировария, сорунундарды дикактов жоми использо-коминацируу нузиком жагатын жана жана
Address:		

PART 6	S. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Incone, check the box.	clude gifts with an aggregate	value of mor	e than \$300 from a single source. I
None	etteret de troppe propriet de de productive en voir en antanance vous et una contra propriet frança (trappe de		and and the state of the state
Name of Source of Gift 1.	3.	Name of	Source of Gift
2.	4.		
PART 7. R List the source of any honoraria accepted for appearances o	EPORTABLE HONORAR or speeches related to your leg	gar, etallega (läjaleta)	onsibilities. If none, check the box.
None		eranguna (raguna at to Historica Pelagi Vivo, Andida Colorida).	
Name of Source of Honoraria 1.	3.	Name of So	urce of Honoraria
2.			htt dilliam til di kuma am version y spirits historiation kindrolikalah vir allia an yamos is jastis y kaisah kuma kan pikan kindrolika kan kaisah kan kan kaisah kan kaisah kan kaisah kan kaisah kan kan kaisah kan kan kan kaisah kan
	<u>}</u> 4.		
	TATION BEFORE STATE		
List each executive branch agency before which you repres box.	ented or assisted others for a	compensation	n of any amount. If none, check the
☑None			
Name of Agency 1.	on on one of the state of the s	Name	of Agency
	There a constant from the control of the state of the sta	qaqqaqaqaqaanaqaqq aqaa o Hawata dd dyladdy Hepsig	TO HEROMAN MARIANAN MAR
2.	4.		
PART 9. BUSIN	NESS WITH STATE AGEN	ICIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	per of your immediate family	sold goods o	r services with a value in excess of
None	た高小型が大きが開発される場合を含めませい。 - 1987年 - 198	ا می الاراست از ۱۰ مراسست می فرستان به او دا و شیستی دا پیشیستان و ایستی می شد.	of the forest of the memorine and provided the filles of the softward of the the segretary of the softward of
Name of Agency		Name	of Agency
1,	3.		
2.	4.		
PART 10. INCOME RECEIV	EN BY MENDEDS OF IN		
List the type of economic activity representing each source			
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If y	our spouse o	or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name: Ann Marie Beaudette	1. Transportation/	Spouse or	1. employment
Namo: Ann Marie Beaudette Job Title: Accounting Manager	2. Trocking	Domestic Partner	2. 3.
	Amusement	Dependent Child	employment
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	The second secon
		Dependent Child	

☑ None					
Organization/Bu and Addres		Title	Position By:		
		SIGNATURI			
A Legislator who willfully fails to	file a required s	tatement is subject to	a fine of up to \$10	0 (1MRSA & 1	017-A)
willfully filed a false statement, it Stylun Beaudi Signa		langs of fact to the f		- 30 - 70 Date	
	formation below	ADDITIONAL INFOR		Indicate the part o	r section number fo
Please provide any additional in the information you are providing	electro I retinents x x x x x x x x x x x x x x x x x x x				
the information you are providing Part/Section			1980 (1984) (August Annie de Legens (August Annie A	www.es.thendaesta.com.tarveorouw.es.es.es.en.en.en.en.en.en.en.en.en.en.et.en.et.en.et.en.et.en.et.en.et.en.et	
the information you are providing Part/Section					

PART 11. OFFICER OR DIRECTOR POSITIONS